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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

| | | |
|---|---|--|
| Name of foundation INTUITIVE FOUNDATION | | A Employer identification number 83-2210302 |
| Number and street (or P.O. box number if mail is not delivered to street address) 1020 KIFER RD | Room/suite | B Telephone number 408-523-2100 |
| City or town, state or province, country, and ZIP or foreign postal code SUNNYVALE, CA 94086 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 47,157,637. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|------------------------------------|---------------------------|-------------------------|---|
| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> | | | | |
| Revenue | | | | |
| 1 Contributions, gifts, grants, etc., received | 25,000,000. | | N/A | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | 103,720. | 103,720. | | STATEMENT 1 |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 6a | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total. Add lines 1 through 11 | 25,103,720. | 103,720. | | |
| Operating and Administrative Expenses | | | | |
| 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees STMT 2 | 29,846. | 0. | | 29,326. |
| b Accounting fees STMT 3 | 47,640. | 0. | | 46,275. |
| c Other professional fees STMT 4 | 105,906. | 0. | | 107,168. |
| 17 Interest | | | | |
| 18 Taxes STMT 5 | 1,500. | 0. | | 0. |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | 2,361. | 0. | | 0. |
| 23 Other expenses STMT 6 | 2,487,598. | 0. | | 2,492,034. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 2,674,851. | 0. | | 2,674,803. |
| 25 Contributions, gifts, grants paid | 9,223,217. | | | 5,133,492. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 11,898,068. | 0. | | 7,808,295. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | 13,205,652. | | | |
| b Net investment income (if negative, enter -0-) | | 103,720. | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. | | |
|--|---|--|----------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 60,601. | 32,417. | 32,417. |
| | 2 Savings and temporary cash investments | 29,428,791. | 47,060,540. | 47,060,540. |
| | 3 Accounts receivable | 7,160. | | |
| | Less: allowance for doubtful accounts | | 7,160. | 7,160. |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 53,083. | 57,520. | 57,520. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Less: accumulated depreciation | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other | | | | |
| 14 Land, buildings, and equipment: basis | | | | |
| Less: accumulated depreciation | | | | |
| 15 Other assets (describe) | | | | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 29,542,475. | 47,157,637. | 47,157,637. | |
| Liabilities | 17 Accounts payable and accrued expenses | 394,666. | 723,388. | |
| | 18 Grants payable | 3,509,170. | 7,589,958. | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe) | | | |
| 23 Total liabilities (add lines 17 through 22) | 3,903,836. | 8,313,346. | | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30. | | | |
| | 24 Net assets without donor restrictions | 25,638,639. | 32,844,291. | |
| | 25 Net assets with donor restrictions | | 6,000,000. | |
| | Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 Total net assets or fund balances | 25,638,639. | 38,844,291. | | |
| 30 Total liabilities and net assets/fund balances | 29,542,475. | 47,157,637. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 25,638,639. |
| 2 Enter amount from Part I, line 27a | 2 | 13,205,652. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 38,844,291. |
| 5 Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 38,844,291. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| 1a | | | |
| b | NONE | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|--|---|---|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | | 3 |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved

| (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
|--------------|--------------|--------------|--------------|
| Reserved | | | |
| Reserved | | | |
| Reserved | | | |
| Reserved | | | |
| Reserved | | | |

| | | |
|------------------|---|--|
| 2 Reserved | 2 | |
| 3 Reserved | 3 | |
| 4 Reserved | 4 | |
| 5 Reserved | 5 | |
| 6 Reserved | 6 | |
| 7 Reserved | 7 | |
| 8 Reserved | 8 | |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2021 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, unreported activities, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

| | Yes | No |
|---|-----|----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTP://WWW.INTUITIVE-FOUNDATION.ORG/</u> | X | |
| 14 The books are in care of ▶ <u>VICTOR CHOW</u> Telephone no. ▶ <u>408-523-2100</u> Located at ▶ <u>1020 KIFER RD, SUNNYVALE, CA</u> ZIP+4 ▶ <u>94086</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A | | |
| 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|---|-----|----|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/> | 1b | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? <input type="checkbox"/> | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A | 2b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4b | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: SEE STATEMENT 8, 0, 0, 0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1: NONE.

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| 3 All other program-related investments. See instructions. | |

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|---|-----------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 27,456,479. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 27,456,479. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 27,456,479. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 411,847. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 27,044,632. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,352,232. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|-----------|---|-----------|------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,352,232. |
| 2a | Tax on investment income for 2020 from Part VI, line 5 | 2a | 1,442. |
| b | Income tax for 2020. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,442. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,350,790. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,350,790. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,350,790. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 7,808,295. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 7,808,295. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,808,295. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | 1,350,790. |
| 2 Undistributed income, if any, as of the end of 2020: | | | | |
| a Enter amount for 2019 only | | | 178,568. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015 | | | | |
| b From 2016 | | | | |
| c From 2017 | | | | |
| d From 2018 | | | | |
| e From 2019 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 7,808,295. | | | | |
| a Applied to 2019, but not more than line 2a | | | 178,568. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2020 distributable amount | | | | 1,350,790. |
| e Remaining amount distributed out of corpus | 6,278,937. | | | |
| 5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 6,278,937. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a | 6,278,937. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | 6,278,937. | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|-----------|
| | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4, for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 10

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|------------|
| a Paid during the year | | | | |
| ASSISTANCE LEAGUE OF SAN JOSE PO BOX 20174 SAN JOSE, CA 95160 | NONE | PC | US COMMUNITY GRANTS | 7,500. |
| ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 110,129. |
| BARWON HEALTH, UNIVERSITY HOSPITAL GEE LONG PO BOX 281 GEE LONG, VICTORIA, AUSTRALIA 3220 | NONE | PC | HEALTH ECONOMIC AND OUTCOMES RESEARCH | 30,000. |
| BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE, EAST/SHAPIRO 3 BOSTON, MA 02215 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (US) | 59,936. |
| BOARD OF TRUSTEES OF THE LELAND STANFORD JR. UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063 | NONE | PC | OPTICAL IMAGING IN LUNG CANCER USING SYSTEMIC PANITUMUMAB-IRDYE800 | 30,000. |
| Total SEE CONTINUATION SHEET(S) ▶ 3a | | | | 5,133,493. |
| b Approved for future payment | | | | |
| APOLLO HOSPITALS 21, GREAMS LANE, OFF GREAMS ROAD CHENNAI, TAMIL NADU, INDIA 600016 | NONE | NC | SPECIALTY: UROLOGY; PROJECT START DATE: JAN 15, 2021 | 25,000. |
| APOLLO HOSPITALS DEPARTMENT OF UROLOGY, APOLLO HOSPITALS, GREAMS ROAD CHENNAI, TAMIL NADU, INDIA 600006 | NONE | NC | SPECIALTY: COLORECTAL; PROJECT START DATE: JAN 15, 2021 | 22,500. |
| ASSOCIATION OF WOMEN SURGEONS (AWS) 225 W WACKER DR. STE 650 CHICAGO, IL 60606 | NONE | PC | HIGH SCHOOL STUDENTS AND SURGEONS | 59,500. |
| Total SEE CONTINUATION SHEET(S) ▶ 3b | | | | 6,126,698. |

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| (1) | Cash | | X |
| (2) | Other assets | | X |
| b | Other transactions: | | |
| (1) | Sales of assets to a noncharitable exempt organization | | X |
| (2) | Purchases of assets from a noncharitable exempt organization | | X |
| (3) | Rental of facilities, equipment, or other assets | | X |
| (4) | Reimbursement arrangements | | X |
| (5) | Loans or loan guarantees | | X |
| (6) | Performance of services or membership or fundraising solicitations | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|---|--|
| | | N/A | |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ Date: _____ Title: **TREASURER**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|------------------------|---|----------------------|------------------|---|------|
| | | MATTHEW PETROSKI | MATTHEW PETROSKI | 11/01/21 | |
| | Firm's name ▶ ARMANINO LLP | | | Firm's EIN ▶ 94-6214841 | |
| | Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600 | | | Phone no. 925-790-2600 | |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|-------------------|
| BREATHING ROOM FOUNDATION, INC. PO BOX 287 JENKINTOWN, PA 19046 | NONE | PC | US COMMUNITY GRANTS | 10,000. |
| BRIGHT FUNDS FOUNDATION 450 MISSION ST STE 200 SAN FRANCISCO, CA 94105 | NONE | PC | GENERAL SUPPORT FOR VARIOUS DESIGNATED CHARITIES | 1,277,149. |
| CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048 | NONE | PC | FELLOWSHIP DIRECTOR: DR. MIGUEL A BURCH; SURGICAL SPECIALTY: GENERAL | 67,584. |
| CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 35,500. |
| CENTRE FOR CLINICAL RESEARCH UPPSALA UNIVERSITY CENTRE FOR CLINICAL RESEARCH VASTMANLAND VASTERAS, VASTMANLAND, SWEDEN 72189 | NONE | PC | COMPARATIVE STUDY OF ANASTOMOTIC LEAKAGE RATE IN ROBOTIC VERSUS OPEN RECTAL CANCER SURGERY. | 19,525. |
| CHILDREN'S MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY, SUITE 1700, MAILSTOP ST17.01 DALLAS, TX 75207 | NONE | PC | DONATION | 32,723. |
| CRISTO REY HS - CORPORATE WORK STUDY PROGRAM 1389 E SANTA CLARA ST SAN JOSE, CA 95116-2343 | NONE | PC | HIGH SCHOOL STUDENTS | 36,000. |
| Total from continuation sheets | | | | 4,895,928. |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|----------|
| ENTERPRISE FOUNDATION 1887 MONTEREY ROAD, SUITE 215 SAN JOSE, CA 95112 | NONE | PC | SV CARES | 200,000. |
| FIRST ROBOTICS 200 BEDFORD ST MANCHESTER, NH 03101-1103 | NONE | PC | FRC & FTC TEAM SPONSORSHIP | 158,250. |
| FOOTHILLS EMS PROGRAM 12345 EL MONTE ROAD LOS ALTOS HILLS, CA 94022 | NONE | PC | HIGH SCHOOL/POST HIGH SCHOOL STUDENTS | 25,000. |
| FOUNDATION FOR SURGICAL FELLOWSHIPS 11300 W. OLYMPIC BLVD., STE 600 LOS ANGELES, CA 90064 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 518,500. |
| GIRLS AT THE TECH 201 SOUTH MARKET STREET SAN JOSE, CA 95113 | NONE | PC | BUILDING A PIPELINE OF STEM OPPORTUNITIES FOR GIRLS AND YOUNG WOMEN | 25,000. |
| GUY'S AND ST. THOMAS' HOSPITAL GREAT MAZA POND LONDON, ENGLAND, UNITED KINGDOM SE1 9RT | NONE | PC | THORACIC FELLOWSHIP | 60,000. |
| HEALTH CAREER COLLABORATIVE 27 EL CAMINO REAL, UNIT 2 BURLINGAME, CA 94010 | NONE | PC | SUPPORT EDUCATION AND INTEREST IN STEM/MEDICINE IN UNDER-REPRESENTED SCHOOL DISTRICTS | 100,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|----------|
| HEALTH CAREER COLLABORATIVE 27 EL CAMINO REAL, UNIT 2 BURLINGAME, CA 94010 | NONE | PC | HIGH SCHOOL STUDENTS | 50,000. |
| JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218 | NONE | PC | DVRK DEVELOPMENT AND SUPPORT | 220,000. |
| KAROLINSKA INSTITUTET DANDERYD HOSPITAL STOCKHOLM, SODERMANLAND, SWEDEN SE 182 88 | NONE | PC | ROBOTIC VS LAPAROSCOPIC RECTAL TUMOR SURGERY WITHIN AN ERAS PROTOCOL, RESULTS FROM THE INTERNATIONAL ERAS DATABASE -SHORT-TERM OUTCOME AND COST -EFFECTIVENESS ANALYSIS | 30,000. |
| KAROLINSKA UNIVERSITY HOSPITAL TOMTEBODAVAGEN 18A, PLAN 8 STOCKHOLM, SODERMANLAND, SWEDEN 17177 | NONE | PC | IMPLEMENTATION OF ROBOTIC-ASSISTED HYSTERECTOMY IN THE UNITED STATES: IMPACT ON IN-HOSPITAL USE OF OPIOIDS AND NON-OPIOID ANALGESICS | 160,000. |
| LANCASTER UNIVERSITY BAILRIGG, LANCASTER LANCASTER, ENGLAND, UNITED KINGDOM LA1 4YW | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (OUS) | 27,852. |
| MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905 | NONE | PC | IMPLEMENTATION OF ROBOTIC-ASSISTED HYSTERECTOMY IN THE UNITED STATES: IMPACT ON IN-HOSPITAL USE OF OPIOIDS AND NON-OPIOID ANALGESICS | 24,000. |
| NORFOLK AND NORWICH UNIVERSITY HOSPITAL COLNEY LANE NORWICH, ENGLAND, UNITED KINGDOM NR4 7UY | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (OUS) | 29,947. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|----------|
| NORTHSHORE 1301 CENTRAL ST EVANSTON, IL 60201 | NONE | PC | PAIN AFTER HERNIA REPAIR: A COMPARISON OF PATIENT-CENTERED OUTCOMES AND OPIOID USE AMONG THE ROBOTIC-ASSISTED, LAPAROSCOPIC AND OPEN APPROACHES | 30,000. |
| NORTHWESTERN UNIVERSITY 633 N. ST. CLAIR ST. 20TH FLOOR CHICAGO, IL 60611 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (US) | 60,000. |
| NYU LANGONE HEALTH 550 1ST AVENUE NEW YORK, NY 10016 | NONE | PC | UROLOGY FELLOWSHIP | 215,505. |
| NYU LANGONE HEALTH 550 1ST AVENUE NEW YORK, NY 10016 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (US) | 60,000. |
| RESEARCH FOUNDATION OF THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEON ONE PARKVIEW PLAZA, SUITE 800 OAKBROOK TERRACE, IL 60181 | NONE | PC | RESEARCH IN ROBOTIC SURGICAL TECH GRANTS | 180,000. |
| RESEARCH FOUNDATION OF THE ASCRS ONE PARKVIEW PLAZA, SUITE 801 OAKBROOK TERRACE, IL 60182 | NONE | PC | COLORECTAL | 180,000. |
| ROYAL BELGIAN SOCIETY FOR SURGERY AVENUE W. CHURCHILL-LAAN 11 B. 30 BRUSSELS, BRUSSELS, BELGIUM B1180 | NONE | PC | RESEARCH (HERNIA)/GENERAL SURGERY FELLOWSHIP | 75,662. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|----------|
| SAGES 11300 W. OLYMPIC BLVD., SUITE 600 LOS ANGELES, CA 90064 | NONE | PC | 3 GRANTS @ \$50K + \$30K ADMIN; TBD AT APR '20 SAGES MEETING | 180,000. |
| SCHULICH SCHOOL OF MEDICINE AND DENTISTRY, WESTERN UNIVERSITY 1151 RICHMOND ST, ROOM 110 LONDON, ONTARIO, CANADA N6A5C1 | NONE | PC | DISMANTLING THE CULTURE OF SILENCE: USING SIMULATION TO EXPLORE FACULTY PERSPECTIVES OF PROBLEMATIC TEAM HIERARCHY BEHAVIOURS | 30,000. |
| SCIENCE FROM SCIENTISTS, INC. 1 DEANGELO DRIVE, SUITE C BEDFORD, MA 01730 | NONE | PC | IN-SCHOOL STEM ENRICHMENT PROGRAM | 13,536. |
| SHORECREST INNOVATION AND STEM SPONSORSHIP 5101 FIRST STREET NORTHEAST ST. PETERSBURG, FL 33703 | NONE | PC | SUPPORTING A PROGRAM TO NURTURE DIVERSE STUDENT INTEREST IN STEM VIA COMPETITION AND CRITICAL THINKING TO SOLVE REAL WORLD PROBLEMS. COVID-19 IMPACT TBD. | 8,500. |
| SOCIETY OF LAPAROENDOSCOPIC SURGERY 7330 SW 62ND PLACE, SUITE 410 MIAMI, FL 33143 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 77,000. |
| SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086 | NONE | PC | US COMMUNITY GRANTS | 20,000. |
| SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086 | NONE | PC | 2020 BACKPACK DAYS | 20,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|----------|
| TECHNOVATION CHALLENGE BY IRIDESCENT 532 WEST 22ND STREET LOS ANGELES, CA 90007-2034 | NONE | PC | TEENAGE GIRLS FORM TEAMS AND LAUNCH STARTUP FOR WORLD PITCH SUMMIT IN SILICON VALLEY | 50,000. |
| THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH LENOX HILL HOSPITAL 100 EAST 77TH STREET NEW YORK, NY 10075 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 146,300. |
| THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK 35 STATE ST ALBANY, NY 12207 | NONE | PC | COVID MASK FILTRATION AND PRESSURE DROP TESTING | 11,800. |
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W 168TH ST, BOX 49 NEW YORK, NY 10032 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 161,389. |
| UNIVERSITY COLLEGE LONDON, UNITED KINGDOM GOWER ST, BLOOMSBURY, LONDON WC1E 6BT LONDON, ENGLAND, UNITED KINGDOM WC1E 6BT | NONE | PC | FELLOWSHIP DIRECTOR: PROFESSOR JOHN D KELLY; SURGICAL SPECIALTY: UROLOGY | 67,200. |
| UNIVERSITY HOSPITAL ZURICH RAEMISTRASSE 100 ZURICH, ZURICH, SWITZERLAND 8091 | NONE | PC | THORACIC FELLOWSHIP | 18,000. |
| UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECH , NETHERLANDS 3584CX | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (OUS) | 30,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|---------|
| UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS FITZSIMONS BUILDING, 13001 EAST 17TH PLACE AURORA, CO 80045 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 94,006. |
| VMC FOUNDATION-032620 2400 CLOVE DR. SAN JOSE, CA 95128 | NONE | PC | ON BEHALF OF SILICON VALLEY LEADERSHIP GROUP | 25,000. |
| VMC FOUNDATION-061520 2400 CLOVE DR. SAN JOSE, CA 95128 | NONE | PC | TURNINGWHEELS FOR KIDS - BIKES FOR KEEPS | 10,000. |
| WILSON A. BUTLER ACADEMY 230 JAY ST APT 12F BROOKLYN, NY 11201 | NONE | PC | MIDDLE SCHOOL STUDENTS | 25,000. |
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| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|------------|
| B L KAPUR SUPER SPECIALITY HOSPITAL , NEW DELHI BLK SUPERSPECIALITY HOSPITAL, P ROAD, NEW DELHI NEW DELHI, DELHI, INDIA 110005 | NONE | NC | SPECIALTY: GENERAL; PROJECT START DATE: JAN 01, 2021 | 26,600. |
| BARTS THORAX CENTRE ST BARTHOLOMEW'S HOSPITAL, WEST SMITHFIELD LONDON, ENGLAND, UNITED KINGDOM EC1A 7BE | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 73,900. |
| BOARD OF TRUSTEES OF THE LELAND STANFORD JR. UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063 | NONE | PC | OPTICAL IMAGING IN LUNG CANCER USING SYSTEMIC PANITUMUMAB-IRDYE800 | 30,000. |
| BOYS & GIRLS CLUBS OF THE PENINSULA 401 PIERCE ROAD MENLO PARK, CA 94025 | NONE | PC | BOYS & GIRLS CLUBS OF THE PENINSULA COMMUNITY DINNERS TO-GO | 20,000. |
| CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048 | NONE | PC | FELLOWSHIP DIRECTOR: DR. MIGUEL A BURCH; SURGICAL SPECIALTY: GENERAL | 67,584. |
| CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048 | NONE | PC | MINIMIZING DISRUPTION AND MAXIMIZE PRODUCTIVITY IN THE OPERATING ROOM | 65,860. |
| CENTER OF HOPE/UNIVERSITY OF NEVADA SCHOOL OF MEDICINE PO BOX 11367 RENO, NV 89510 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM THE UNITED STATES) | 50,000. |
| Total from continuation sheets | | | | 6,019,698. |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|------------|
| CENTRE DE RECHERCHE DU CENTRE HOSPITALIER DE L'UNIVERSIT DE MONTRAL 900 ST DENIS STREET MONTREAL, QUEBEC, CANADA H2X 0A9 | NONE | PC | EVIDENCE-BASED TECHNOLOGY ASSESSMENT AND EVALUATION OF MEDIASTINAL ROBOTIC SURGERY AT THE CENTRE HOSPITALIER DE LUNIVERSIT DE MONTRAL (CHUM): PROPENSITY-MATCHED STUDY OF COST ANALYSIS | 45,000. |
| CENTRE FOR CLINICAL RESEARCH UPPSALA UNIVERSITY CENTRE FOR CLINICAL RESEARCH VASTMANLAND VASTERAS, VASTMANLAND, SWEDEN 72190 | NONE | PC | COMPARATIVE STUDY OF ANASTOMOTIC LEAKAGE RATE IN ROBOTIC VERSUS OPEN RECTAL CANCER SURGERY. | 19,525. |
| CENTRE HOSPITALIER UNIVERSITAIRE DE BORDEAUX PLACE AMELIE RABA LEON BORDEAUX, GIRONDE, FRANCE 33000 | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 71,000. |
| EUROPEAN SOCIETY COLOPROCTOLOGY ESCP SECRETARIAT, C/O INTEGRITY 7 ST ALBAN'S ROAD EDINBURGH, SCOTLAND, UNITED KINGDOM | NONE | PC | DEVELOPMENT OF TRAINING PROGRAM | 1,260,397. |
| FIRST ROBOTICS 200 BEDFORD ST MANCHESTER, NH 03101-1103 | NONE | PC | FRC & FTC TEAM SPONSORSHIP | 118,000. |
| FOOTHILLS EMS PROGRAM 12346 EL MONTE ROAD LOS ALTOS HILLS, CA 94023 | NONE | PC | HIGH SCHOOL/POST HIGH SCHOOL STUDENTS | 25,000. |
| FOUNDATION FOR SURGICAL FELLOWSHIPS 11301 W. OLYMPIC BLVD., STE 600 LOS ANGELES, CA 90065 | NONE | PC | SPECIALTY: GENERAL; PROGRAM DATE: 2022-2023 | 518,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|----------|
| GIRLS AT THE TECH 201 SOUTH MARKET STREET SAN JOSE, CA 95113 | NONE | PC | BUILDING A PIPELINE OF STEM OPPORTUNITIES FOR GIRLS AND YOUNG WOMEN | 25,000. |
| HAMD FOUNDATION, UNITED STATES 22 WHITE PINE LANE SETAUKET, NY 11733 | NONE | PC | FELLOWSHIP DIRECTOR: DR. ARIF AHMAD; SURGICAL SPECIALTY: GENERAL | 150,000. |
| HCG CANCER HOSPITAL, BANGALORE HCG TOWER#8, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR BANGALORE, KAMATAKA, INDIA 560027 | NONE | NC | SPECIALTY: UROLOGY; PROJECT START DATE: JAN 01, 2021 | 32,500. |
| HEALTH CAREER COLLABORATIVE 27 EL CAMINO REAL, UNIT 2 BURLINGAME, CA 94010 | NONE | PC | HIGH SCHOOL STUDENTS | 50,000. |
| INTUITIVE FOUNDATION OF THE AAGL 6757 KATELLA AVE. CYPRESS, CA 90630 | NONE | PC | FELLOWSHIP DIRECTOR: DR. SANGEETA SENAPATI; SURGICAL SPECIALTY: GYNECOLOGY | 228,000. |
| KAROLINSKA INSTITUTET DANDERYD HOSPITAL STOCKHOLM, SODERMANLAND, SWEDEN SE 182 89 | NONE | PC | ROBOTIC VS LAPAROSCOPIC RECTAL TUMOR SURGERY WITHIN AN ERAS PROTOCOL, RESULTS FROM THE INTERNATIONAL ERAS DATABASE -SHORT-TERM OUTCOME AND COST -EFFECTIVENESS ANALYSIS | 30,000. |
| KAROLINSKA UNIVERSITY HOSPITAL TOMTEBODAVAGEN 18A, PLAN 8 STOCKHOLM, SODERMANLAND, SWEDEN 17177 | NONE | PC | IMPLEMENTATION OF ROBOTIC-ASSISTED HYSTERECTOMY IN THE UNITED STATES: IMPACT ON IN-HOSPITAL USE OF OPIOIDS AND NON-OPIOID ANALGESICS | 240,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|---------|
| MACQUARIE UNIVERSITY HOSPITAL MACQUARIE UNIVERSITY HOSPITAL, 3 TECHNOLOGY PLACE MACQUARIE PARK, NEW SOUTH WALES, AUSTRALIA 2109 | NONE | PC | HEOR | 60,000. |
| MANIPAL HOSPITALS OLD AIRPORT ROAD, RUSTUM BAGH BENGALURU, KARNATAKA, INDIA 560017 | NONE | NC | SPECIALTY: COLORECTAL; PROJECT START DATE: JAN 01, 2021 | 21,400. |
| MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT STREET BOSTON, MA 02114 | NONE | PC | OTHER | 60,000. |
| MAYO CLINIC OTOLARYNGOLOGY UNDERGRADUATE RESEARCH EDUCATION PROGRAM (UREP) 200 FIRST ST SW ROCHESTER, MN 55905 | NONE | PC | COLLEGE STUDENTS | 30,000. |
| MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905 | NONE | PC | ENHANCING TEAMWORK IN THE OPERATING ROOM | 60,000. |
| MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905 | NONE | PC | IMPLEMENTATION OF ROBOTIC-ASSISTED HYSTERECTOMY IN THE UNITED STATES: IMPACT ON IN-HOSPITAL USE OF OPIOIDS AND NON-OPIOID ANALGESICS | 23,460. |
| MCMASTER UNIVERSITY 1280 MAIN STREET WEST HAMILTON, ONTARIO, CANADA L8S4K1 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUTSIDE THE UNITED STATES) | 59,994. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|---------|
| MEANDER MEDICAL CENTRE MAATWEG 3 AMERSFOORT, UTRECHT, NETHERLANDS 3813 TZ | NONE | PC | ROBOT-ASSISTED VERSUS LAPAROSCOPIC VERSUS TRANSANAL TOTAL MESORECTAL EXCISION. A COMPARATIVE MULTI-CENTRE COHORT STUDY. | 59,898. |
| MEDANTA, THE MEDICITY CH BAKTAWAR SINGH ROAD, SECTOR 38 GURUGRAM, GURGAON, INDIA 122001 | NONE | NC | SPECIALTY: UROLOGY; PROJECT START DATE: JAN 01, 2021 | 28,900. |
| MEDICAL FACULTY, MARTIN LUTHER ERNST-GRUBE-STR. 40 HALLE (SAALE), FLEMISH BRABANT, GERMANY 612 | NONE | PC | THE EFFECT OF CLINICAL PATHWAYS FOR FAST-TRACK ROBOTIC COLORECTAL SURGERY ON PROCESS AND OUTCOME QUALITY AND COST OF CARE | 60,000. |
| MEDICOS CON CORAZON AVENIDA MADERO 1059-B MEXICALI, BAJA CALIFORNIA, MEXICO 21100 | NONE | NC | CARDIAC PROGRAM CATHETER ABLATION PROCEDURES | 23,000. |
| NC STATE MATH & SCIENCE EDUCATION NETWORK PRE-COLLEGE PROGRAM (MSEN-PCP) CAMPUS BOX 7207 RALEIGH, NC 27695-7207 | NONE | PC | MIDDLE AND HIGH SCHOOL STUDENTS | 50,000. |
| NORFOLK AND NORWICH UNIVERSITY HOSPITAL COLNEY LANE NORWICH, ENGLAND, UNITED KINGDOM NR4 7UY | NONE | PC | SPECIALTY: COLORECTAL; PROJECT START DATE: APR 05, 2021 | 90,500. |
| NORTHSHORE 1301 CENTRAL ST EVANSTON, IL 60201 | NONE | PC | PAIN AFTER HERNIA REPAIR: A COMPARISON OF PATIENT-CENTERED OUTCOMES AND OPIOID USE AMONG THE ROBOTIC-ASSISTED, LAPAROSCOPIC AND OPEN APPROACHES | 30,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|----------|
| NORTHWELL HEALTH-LENOX HILL HOSPITAL, UNITED STATES 130 EAST 77TH STREET NEW YORK, NY 10075 | NONE | PC | FELLOWSHIP DIRECTOR: DR. RICHARD LAZZARO; SURGICAL SPECIALTY: THORACIC | 146,300. |
| NYU LANGONE HEALTH 550 1ST AVENUE NEW YORK, NY 10016 | NONE | PC | FELLOWSHIP DIRECTOR: DR. WILLIAM HUANG; SURGICAL SPECIALTY: UROLOGY | 105,516. |
| PEKING UNION MEDICAL COLLEGE HOSPITAL, CHINESE ACADEMY OF MEDICAL SCIENCES NO.1 SHUAI FUYUAN, WANGFUJING AVENUE, DONGCHENG DISTRICT BEIJING, HEBEI, CHINA 100730 | NONE | PC | EFFICACY OF ROBOTIC VERSUS LAPAROSCOPIC APPROACH IN SPLEEN PRESERVING DISTAL PANCREATECTOMY FOR BENIGN OR LOW-GRADE MALIGNANT PANCREATIC TUMORS: A PROSPECTIVE, PATIENT-BLINDED, RANDOMIZED, CONTROLLED TRIAL | 60,000. |
| PORTSMOUTH NHS TRUST HOSPITAL SOUTHWICK HILL ROAD PORTSMOUTH, ENGLAND, UNITED KINGDOM PO5 3LY | NONE | PC | FELLOWSHIP DIRECTOR: MR. JIM KHAN; SURGICAL SPECIALTY: GENERAL | 55,250. |
| PROSTATE CENTER NORTHWEST ST. ANTONIUS-HOSPITAL GRONAU ST. ANTONIUS-HOSPITAL, MOLLENWEG 22 GRONAU, NORTH RHINE-WESTPHALIA, GERMANY 485 | NONE | NC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUTSIDE THE UNITED STATES) | 30,260. |
| RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE SECTOR 5, ROHINI DELHI, DELHI, INDIA 11085 | NONE | NC | SPECIALTY: UROLOGY; PROJECT START DATE: JAN 01, 2021 | 25,000. |
| ROBOTIC ACADEMY INTUITIVE NAPLES (RAIN) VIA ANTONIO CARDARELLI, 9 NAPLES, CAMPANIA, ITALY 80131 | NONE | PC | ADDRESSING SHORTAGES OF SURGEONS AND SURGICAL STAFF | 60,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|---|----------|
| SAGES 11300 W. OLYMPIC BLVD., SUITE 600 LOS ANGELES, CA 90064 | NONE | PC | GENERAL | 180,000. |
| SCHULICH SCHOOL OF MEDICINE AND DENTISTRY, WESTERN UNIVERSITY HEALTH SCIENCES ADDITION ROOM 111 LONDON, ONTARIO, CANADA | NONE | PC | DISMANTLING THE CULTURE OF SILENCE: USING SIMULATION TO EXPLORE FACULTY PERSPECTIVES OF PROBLEMATIC TEAM HIERARCHY BEHAVIOURS | 30,000. |
| SCIENCE FROM SCIENTISTS, INC. 1 DEANGELO DRIVE, SUITE C BEDFORD, MA 01730 | NONE | PC | IN-SCHOOL STEM ENRICHMENT PROGRAM | 13,465. |
| SINGAPORE GENERAL HOSPITAL (SGH) OUTRAM ROAD SINGAPORE, SINGAPORE, SINGAPORE 169608 | NONE | NC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUS) | 60,000. |
| ST. ANTONIUS HOSPITAL KOEKOERSLAAN 1 NIEUWEGEIN, UTRECHT, NETHERLANDS 3435 CM | NONE | PC | HEOR | 60,000. |
| ST. LUKE'S HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18015 | NONE | PC | 30DAY OUTCOMES OF ROBOTIC BARIATRIC PROCEDURES: FIRST REPORT OF THE ROBOTIC BARIATRIC COLLABORATIVE (RBC) | 60,000. |
| SUNDERLAND ROYAL HOSPITAL AND NEWCASTLE HOSPITALS NHS FOUNDATION TRUST KAYLL RD SUNDERLAND, ENGLAND, UNITED KINGDOM SR4 7TP | NONE | PC | ROBOTIC SURGICAL FELLOWSHIP | 61,224. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|---|----------|
| SUTTER MEDICAL CENTER SACRAMENTO 2825 CAPITOL AVENUE SACRAMENTO, CA 90048 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM THE UNITED STATES) | 28,036. |
| THE EUROPEAN- AFRICAN HEPATO- PANCREATO-BILIARY ASSOCIATION (E-AHPBA) 14 LAUREL PARK GARDENS GLASGOW, SCOTLAND, UNITED KINGDOM G13 1RA | NONE | PC | IMPACT OF A EUROPEAN TRAINING PROGRAM FOR ROBOT PANCREATODUODENECTOMY USING A VIDEO DATABANK, DA VINCI SIMULATOR AND ROBOT BIOTISSUE ANASTOMOSES ON CLINICAL OUTCOMES (LEARNBOT): A PAN-EUROPEAN PROSPECTIVE STUDY | 310,575. |
| THE FIRST AFFILIATED HOSPITAL OF XI 'AN JIAO TONG UNIVERSITY 277 YANTA WEST ROAD XI 'AN, SHAANXI, CHINA 710061 | NONE | PC | CLINICAL TRIAL ON RECTAL CANCER WITH ROBOTIC LATERAL LYMPH NODE DISSECTION | 60,000. |
| THE TAIWAN SOCIETY OF THORACIC SURGEONS 612R, 15F, NO 201, SEC 2, SHIPAI. RD. TAIPEI CITY, TAIWAN 11217 | NONE | NC | FELLOWSHIP DIRECTOR; PROFESSOR RICHARD VAN HILLEGERSBERG; SURGICAL SPECIALTY: THORACIC | 70,000. |
| UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECHT, NETHERLANDS 3584CX | NONE | PC | FELLOWSHIP DIRECTOR; DR. RICHARD VAN HILLEGERSBERG; SURGICAL SPECIALTY: GENERAL | 153,676. |
| UNIVERSITY MEDICAL CENTER UTRECHT HEIDELBERGLAAN 100 UTRECHT, UTRECHT, NETHERLANDS 3584CX | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUS) | 60,000. |
| UNIVERSITY OF BASEL PETERSPLATZ 1, POSTFACH BASEL, BASEL-STADT, SWITZERLAND CH-4001 | NONE | PC | VALIDATING THRESHOLD VALUES FOR ASSESSMENT OF GASTRIC CONDUIT PERFUSION WITH QUANTIFIED ICG FLUORESCENCE IMAGING, THERMAL IMAGING AND VISIBLE LIGHT SPECTROMETRY IN ESOPHAGEAL RECONSTRUCTION - A PROSPECTIVE OBSERVATIONAL STUDY | 60,000. |
| Total from continuation sheets | | | | |

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|----------|
| UNIVERSITY OF BRITISH COLUMBIA 3060 - 2332 MAIN MALL VANCOUVER, BRITISH COLUMBIA, CANADA V6T 1Z4 | NONE | PC | ENHANCING TEAMWORK IN THE OPERATING ROOM | 60,000. |
| UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS 13001 E 17TH PLACE, BUILDING 500, ROOM W1124 AURORA, CO 80045-2571 | NONE | PC | SPECIALTY: GENERAL; PROJECT START DATE: AUG 02, 2021 | 102,007. |
| UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655 | NONE | PC | ENHANCING TEAMWORK IN THE OPERATING ROOM | 60,000. |
| UNIVERSITY OF MINNESOTA 200 UNION ST. SE MINNEAPOLIS, MN 55455 | NONE | PC | IMAGING, VISION OR NAVIGATIONAL RESEARCH | 59,562. |
| UNIVERSITY OF PENNSYLVANIA, AND CAROLINAS MEDICAL CENTER FRANKLIN BUILDING, 3451 WALNUT STREET, 5TH FLOOR PHILADELPHIA, PA 19104-6205 | NONE | PC | AEROSOLIZATION OF SARS-COV2 PARTICLES DURING SURGERY: OPEN AND LAPAROSCOPIC STUDY | 88,005. |
| UNIVERSITY OF SOUTHERN CALIFORNIA 1441 EASTLAKE AVE. SUITE #7416 LOS ANGELES, CA 90089 | NONE | PC | CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM THE UNITED STATES) | 60,000. |
| UNIVERSITY OF VERONA VIA DELL'ARTIGLIERE 8 VERONA, VERONA, ITALY 37129 | NONE | NC | HEOR | 50,000. |
| Total from continuation sheets | | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

INTUITIVE FOUNDATION

Employer identification number

83-2210302

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|--|
| Name of organization INTUITIVE FOUNDATION | Employer identification number 83-2210302 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | INTUITIVE SURGICAL OPERATIONS, INC. 1020 KIFER ROAD SUNNYVALE, CA 94086-5304 | \$ 25,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization INTUITIVE FOUNDATION | Employer identification number 83-2210302 |
|--|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|--|--|
| Name of organization INTUITIVE FOUNDATION | Employer identification number 83-2210302 |
|--|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| INTEREST INCOME | 103,720. | 103,720. | |
| TOTAL TO PART I, LINE 3 | 103,720. | 103,720. | |

FORM 990-PF LEGAL FEES STATEMENT 2

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES | 29,846. | 0. | | 29,326. |
| TO FM 990-PF, PG 1, LN 16A | 29,846. | 0. | | 29,326. |

FORM 990-PF ACCOUNTING FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES | 47,640. | 0. | | 46,275. |
| TO FORM 990-PF, PG 1, LN 16B | 47,640. | 0. | | 46,275. |

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OTHER PROFESSIONAL FEES | 105,906. | 0. | | 107,168. |
| TO FORM 990-PF, PG 1, LN 16C | 105,906. | 0. | | 107,168. |

FORM 990-PF

TAXES

STATEMENT 5

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SECTION 4940 EXCISE TAX EXPENSE | 1,500. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 1,500. | 0. | | 0. |

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EMPLOYEE CASH MATCH PROGRAM FEES | 181,882. | 0. | | 186,318. |
| DUES AND SUBSCRIPTIONS | 30,100. | 0. | | 30,100. |
| BANK CHARGES | 4,144. | 0. | | 4,144. |
| OFFICE EXPENSES | 16,938. | 0. | | 16,938. |
| COVID-19 SUPPLIES | 1,399,000. | 0. | | 1,399,000. |
| GLOBAL SURGICAL TRAINING CHALLENGE PROJECT SET UP | 705,000. | 0. | | 705,000. |
| OTHER MISC OPERATION COSTS | 150,534. | 0. | | 150,534. |
| TO FORM 990-PF, PG 1, LN 23 | 2,487,598. | 0. | | 2,492,034. |

FORM 990-PF STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED STATEMENT 7
PART VII-A, LINE 2

EXPLANATION

DURING 2020, THE FOUNDATION RESPONDED TO THE COVID-19 PANDEMIC BY PROVIDING PERSONAL PROTECTIVE EQUIPMENT (PPE) TO ORGANIZATIONS AND GROUPS IN VARIOUS GEOGRAPHIES.

THE PPE PROGRAM WAS QUITE DIVERSE AND WIDE-RANGING, WITH ALMOST ALL OF THE BENEFITS GOING OUTSIDE THE COMPANY. WE DONATED 5K PCR TEST KITS AND 50K N95 RESPIRATORS TO WUHAN EARLY IN 2020 AND ADDITIONAL 48K N95 HERE IN THE US. WE DONATED THOUSANDS OF CLOTH MASKS TO HOSPITALS AND SKILLED NURSING HOMES. FOUNDATION WORKED WITH INTUITIVE SURGICAL'S EMPLOYEES ON DIY MASKS. SOME FUNDS WENT TO RESEARCHING INSERT MATERIALS FOR MASKS, RESEARCH INTO PARTICULATE LOAD IN OPERATING ROOMS, AND PROVIDING DATA TO POLICY MAKERS IN VARIOUS GOVERNMENTS AROUND THE GLOBE. WE ALSO WORKED WITH EMPLOYEE VOLUNTEERS TO PUT TOGETHER OVER 120K FACE SHIELDS, AND RAMPING PRODUCTION FOR 1 MILLION MORE, WITH DONATIONS TO VARIOUS MEDICAL CLINICS/HOSPITALS AROUND THE GLOBE AND INCLUDING NATIVE AMERICAN RESERVATIONS. WE ALSO PILOTED RESEARCH AND INITIATED PRODUCTION OF INTUBATION DRAPES TO SHIELD PARTICULATE MATTER DURING OPERATIONS. WE ALSO DEVELOPED A PLAYBOOK FOR USING ROOM STERILIZERS AND AUTHORED PROCUREMENT SPECIFICATIONS MADE PUBLICLY AVAILABLE WITH PARTNERSHIPS FROM THE SVLG GROUP.

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---------------------------------|-------------------|---------------------------------|--------------------|
| DR. CATHERINE MOHR 1020 KIFER RD SUNNYVALE, CA 94086 | PRESIDENT 30.00 | 0. | 0. | 0. |
| VICTOR CHOW 1020 KIFER RD SUNNYVALE, CA 94086 | TREASURER 4.00 | 0. | 0. | 0. |
| WENDY CHENG 1020 KIFER RD SUNNYVALE, CA 94086 | SECRETARY 5.00 | 0. | 0. | 0. |
| MARK RUBASH 1020 KIFER RD SUNNYVALE, CA 94086 | BOARD CHAIR 0.70 | 0. | 0. | 0. |
| DR. MYRIAM J. CURET 1020 KIFER RD SUNNYVALE, CA 94086 | DIRECTOR 0.70 | 0. | 0. | 0. |
| ROMAIN DENIS 1020 KIFER RD SUNNYVALE, CA 94086 | DIRECTOR 0.70 | 0. | 0. | 0. |
| LONNIE M. SMITH 1020 KIFER RD SUNNYVALE, CA 94086 | DIRECTOR START (5/2020) 0.70 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 9

GRANTEE'S NAME

APOLLO HOSPITALS

GRANTEE'S ADDRESS21 GREAMS LANE, OFF GREAMS ROAD
CHENNAI, INDIA, 600006

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 47,500. | 11/05/20 | 0. | 12/19/20 |

PURPOSE OF GRANTTO SUPPORT THE ROBOTIC FELLOWSHIP PROGRAMME IN THE AREA OF UROLOGY. PROJECT
WILL START IN JANUARY 2021.DATES OF REPORTS BY GRANTEE

12/19/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

HEALTHCARE GLOBAL SPECAILITY CENTRE

GRANTEE'S ADDRESS

NO. 8, P. KALINGARAO ROAD, S. R. NAGAR
BANGALORE, INDIA, 560027

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 32,500. | 11/05/20 | 0. | 12/04/20 |

PURPOSE OF GRANT

TO SUPPORT THE PROJECT IN THE AREA OF UROLOGY. PROJECT WILL START IN JANUARY 2021.

DATES OF REPORTS BY GRANTEE

12/04/2020

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

SINGAPORE GNERAL HOSPITAL

GRANTEE'S ADDRESS

20 COLLEGE ROAD
ACADEMIA, SINGAPORE, 169856

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 60,000. | 11/05/20 | 0. | 12/05/20 |

PURPOSE OF GRANT

CLINICAL OUTCOMES-BASED RESEARCH

DATES OF REPORTS BY GRANTEE

12/05/2020

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

INDRAPRASTHA CANCER SOCIETY AND RESEARCH CENTRE

GRANTEE'S ADDRESS

D18, SECTOR -V, ROHINI
DELHI, INDIA, 110085

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 25,000. | 11/05/20 | 0. | 12/05/20 |

PURPOSE OF GRANT

TO SUPPORT THE PROJECT IN THE AREA OF UROLOGY. PROJECT WILL START IN JANUARY 2021.

DATES OF REPORTS BY GRANTEE

12/05/2020

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

MANIPAL HOSPITALS

GRANTEE'S ADDRESS

OLD AIRPORT ROAD, RUSTUM BAGH
BENGALURU, INDIA, 560017

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 21,400. | 11/05/20 | 0. | 01/22/21 |

PURPOSE OF GRANT

SPECIALTY: COLORECTAL; PROJECT START DATE: JAN 01, 2021

DATES OF REPORTS BY GRANTEE

01/22/21

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

ST. ANTONIUS-HOSPITAL GRONAU GMBH

GRANTEE'S ADDRESS

MOELLENWEG 22
GRONAU, GERMANY, 48599

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 30,260. | 11/05/20 | 0. | 02/02/21 |

PURPOSE OF GRANT

CLINICAL OUTCOMES-BASED RESEARCH (APPLICATIONS FROM OUTSIDE THE UNITED STATES)

DATES OF REPORTS BY GRANTEE

02/02/21

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

THE TAIWAN SOCIETY OF THORACIC SURGEONS

GRANTEE'S ADDRESS

612 R, 15F, NO 201, SEC 2, SHIPAI. RD
TAIPEI CITY, TAIWAN, 11217

GRANT AMOUNT

70,000.

DATE OF GRANT

11/05/20

AMOUNT EXPENDED

0.

VERIFICATION DATE

12/31/20

PURPOSE OF GRANT

FELLOWSHIP DIRECTOR: PROFESSOR RICHARD VAN HILLEGERSBERG; SURGICAL
SPECIALTY: THORACIC

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

B L KAPUR SUPER SPECIALITY HOSPITAL, NEW DELHI

GRANTEE'S ADDRESS

PUSA ROAD, NEW DELHI
NEW DELHI, INDIA, 110005

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 26,600. | 11/05/20 | 0. | 10/19/21 |

PURPOSE OF GRANT

SPECIALTY: GENERAL; PROJECT START DATE: JAN 01, 2021

DATES OF REPORTS BY GRANTEE

10/19/21

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

UNIVERSITY OF VERONA

GRANTEE'S ADDRESS

VIA DELL'ARTIGLIERE 8
VERONA, ITALY, 37129

GRANT AMOUNT

50,000.

DATE OF GRANT

11/05/20

AMOUNT EXPENDED

0.

VERIFICATION DATE

10/28/21

PURPOSE OF GRANT

HEOR

DATES OF REPORTS BY GRANTEE

10/28/21

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

UNIVERSITY OF BARI

GRANTEE'S ADDRESS

PIAZZA GIULIO CESARE 1
BARI, ITALY, 70121

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 58,500. | 12/16/19 | 0. |

PURPOSE OF GRANT

CLINICAL OUTCOMES-BASED RESEARCH (OUS)

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

EXPENDITURE RESPONSIBILITY STATEMENT IS REQUESTED AND WILL BE COMPLETED PRIOR TO ANY GRANT PAYMENTS.

GRANTEE'S NAME

MEDICOS CON CORAZON

GRANTEE'S ADDRESS

AVENIDA MADERO 1059-B
MEXOCALI, MEXICO, 21100

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> | <u>VERIFICATION DATE</u> |
|---------------------|----------------------|------------------------|--------------------------|
| 23,000. | 11/05/20 | 0. | 10/15/21 |

PURPOSE OF GRANT

CARDIAC PROGRAM CATHETER ABLATION PROCEDURES

DATES OF REPORTS BY GRANTEE

10/15/21

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE ORGANIZATION MEETS THE EXPENDITURE RESPONSIBILITY REQUIREMENTS.

GRANTEE'S NAME

MEDANTA, THE MEDICITY

GRANTEE'S ADDRESS

CH BAKTAWAR SINGH ROAD, SECTOR 38
GURUGRAM, HARYANA, INDIA, 122001

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 28,900. | 11/05/20 | 0. |

PURPOSE OF GRANT

SPECIALTY: UROLOGY; PROJECT START DATE: JAN 01, 2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

EXPENDITURE RESPONSIBILITY STATEMENT IS REQUESTED AND WILL BE COMPLETED PRIOR TO ANY GRANT PAYMENTS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

INTUITIVE FOUNDATION
1020 KIFER ROAD
SUNNYVALE, CA 94086

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

408-523-2100

GRANT APPLICATIONS

EMAIL ADDRESS

GRANTS@INTUITIVE-FOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

ONLINE APPLICATIONS AT WWW.INTUITIVE-FOUNDATION.ORG

ANY SUBMISSION DEADLINES

FOR UNSOLICITED PROPOSALS, THEY ARE ROLLING REQUESTS, WHICH ARE AGGREGATED AND ASSESSED QUARTERLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

LIMITED TO 501(C)(3) ORGANIZATIONS OR FOREIGN EQUIVALENTS